

**FIRE**  
**INSPECTION**



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
Department Of Community And Cultural Affairs  
Division Of Youth Services  
Kagman Juvenile Detention And Correctional Facility



January 31, 2006

**MEMORANDUM**

**TO** : Vivian T. Sablan  
Acting DYS Director

**FROM** : KJDCAF Supervisor

**SUBJECT** : Request for payment  
(Phoenix Pacific (Guam) Inc.)

The purpose of this memorandum is to request for the payment for Phoenix Pacific (Guam) Inc. for work conducted at the Kagman Juvenile Detention & Correctional Facility. Please see attachment.

In addition, I would also like to request that a review be conducted of the said vendor's contract and past purchase orders for any discrepancies towards payments.

Please feel free to call on me if you have any questions.

A handwritten signature in black ink, appearing to read "Floyd Eric R. Masga".

CC:

Rose Teregeyo -Social Worker III  
Ricardo Rasa – JCW I-Designated Safety Officer

**Phoenix  
Pacific (Guam), Inc.**  
*System Integrators*

109 East Harmon Industrial Park Road Tamuning, Guam 96913  
Telephone: (671) 646-6461/2, 646-6481 • Fax: (671) 649-0483  
Email: service@phoenixguam.com

\$980.00

CLIENT#

JOB#57122

## FIRE ALARM PREVENTIVE MAINTENANCE REPORT

### DIVISION OF YOUTH SERVICES

1-27-06

CUSTOMER NAME: P.O. BOX 501000 INSPECTION DATE: JANUARY 2006  
 BUILDING ADDRESS: CHALAN KANOA, SAIPAN MP 96950 INSPECTION FOR MONTH OF: MC-2005-15  
 CONTACT PERSON: VICTOR MESA CONTRACT EXPIRATION DATE: JUNE 29, 2005  
 TELEPHONE NUMBER: \_\_\_\_\_ CONTRACT NUMBER: \_\_\_\_\_

CONTRACT REQUIRES INSPECTION:  MONTHLY  QUARTERLY  SEMI-ANNUALLY  ANNUALLY

DEVICES OR APPLIANCES	PERIODIC TEST PER NFPA 72H (INDIVIDUAL DEVICE)	COMMENTS	NOT TESTED	CURRENT INSPECTION TESTED SATISFACTORY	* TESTED DEFICIENT (SEE BELOW)
FIRE ALARM PANEL	QUARTERLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRIMARY/SECONDARY POWER SUPPLIES	QUARTERLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BATTERY SEALED LEAD ACID	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REMOTE ANNUNCIATOR	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE AND VISIBLE TROUBLE SIGNALS	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ZONE DISCONNECT SWITCHES, TROUBLE SIGNAL	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GROUND FAULT MONITORING CIRCUIT	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MANUAL STATIONS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DETECTORS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLAME, BEAM AND OTHER DETECTORS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER FLOW ALARM SWITCHES	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAMPER SWITCH	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY SIGNAL DEVICES	QUARTERLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE, BELLS, HORMS OR OTHERS	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VISUAL DEVICES	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMERGENCY EVACUATION CONTROL PANELS	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKERS/VOICE ALARM	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE (TWO-WAY)	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTINGUISHING SYSTEM ALARM SWITCHES	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* INSPECTION/TEST REPORT IS BASED ON NFPA GUIDELINES SET FORTH IN NFPA 72, WHEN LESS THAN 100% TEST IS BEING PERFORMED. A CLOSE RECORD SHALL BE MAINTAINED OF THE INDIVIDUAL INITIATING DEVICES AND INDICATING APPLIANCES TESTED EACH TIME TO AVOID SAME DEVICE BEING TESTED ON SUBSEQUENT TESTS.

TYPE / LOCATION / ADDRESS OF PERIPHERAL DEVICES TESTED THIS INSPECTION:

- 1 - Tested smoke detectors inside Housing A and B, 1st and 2nd flr. Also tested smoke detectors inside Admin, Education, and Maintenance buildings. All devices tested OK.
- 2 - Conducted panel tests for ground fault, open fault, battery voltage, and battery fault test.

\* DEFICIENCIES:

NO deficiencies found.

Brian M. Calvo

TECHNICIAN'S NAME

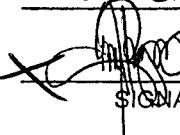
Brian M. Calvo 1-27-06

SIGNATURE

DATE

Juvenile Detention Unit

CUSTOMER NAME


 1-27-06

SIGNATURE

DATE

CUSTOMER HEREBY ACKNOWLEDGE RECEIPT OF REPORT AND GIVES CONSENT TO MAKE THE NECESSARY QUOTATION AS NOTED IN TECHNICIAN'S NOTES.



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
Department Of Community And Cultural Affairs  
Division Of Youth Services  
Kagman Juvenile Detention And Correctional Facility



February 24, 2006

**TO** : Debra Inos  
**DYS Director**

**FROM** : KJDCF Supervisor

**SUBJECT** : Seafix Inc. - Quotation

As per our conversation and memorandum, faxed is copy of a quotation provided by Seafix Inc. to conduct an assessment of our down Fire Sprinkler Booster Pump System. This is an urgent need for our facility due to the Consent Decree requirements and DPS-Fire regulations. In addition, if this matter is not taken cared of, it may cause our facility to either close down or face further litigations.

Please feel free to contact me if you have any questions or comments.

A handwritten signature of Floyd Masga.

Floyd Masga

CC: Rose Teregeyo – Social Worker III  
Jennifer Tanaka – Social Worker III  
Ricardo Rasa – JCWI/Designed Safety Officer

P.O. BOX 501000 CHALAN KANOA, SAIPAN, MP 96950  
TELEPHONE NUMBER: 256-2550/1 FAX # 256-2557



February 23, 2006

**QUOTATION**

Juvenile Detention Center  
Attn: Floyd Masga

	DESCRIPTION	AMOUNT
06-02-1921	Provide two (2) men, one Electrician and one Mechanic to troubleshoot Fire Sprinkler Booster Pump system, make repairs as progress permits, provide final discovery/remedy quote.  Not to exceed 64 (4 days) man-hours. Labor rate of \$35/m/hr	\$2,240.00
		\$2,240.00

**SEAFIX INCORPORATED**

Mark R. Blackburn





# **Safety 1st Systems (Saipan), Inc.**

*Your Total Safety Solution!*

P.O. Box 504873 Salpan, MP 98950  
Tel: (670) 235-8500 Fax (670) 235-7400

**INVOICE**

27758

Bill Tot:

**Ship To:**

CNMI GOVERNMENT P.O. Box 5234 CHRB Saipan, MP 96950 Attn: Mary Masga Tel: 664-1270/1/2 Fax: 664-1215				D.Y.S		
Date 2/10/2006		<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Terms 30 DAYS		
P.O. # 439616		<input type="checkbox"/> Special Order		Sales Rep KJK		
QTY	B/O	DEL'D	Item #	Description	Price	Amount
		32	INSPECTION ONSITE	Monthly Inspection of Fire Extinguisher Onsite Service Fee  for the month of February 2006	3.00 10.00	96.00 10.00
						Total \$106.00

I Certify that this is a true and correct invoice and

Payment has not been received.

Deposit has been received.

I hereby acknowledge the above goods were received in good condition.

**Signature**

**Vendor Signature:**

Print Name Carrie Gaskins

**Print Name** John Doe

**Full Name** \_\_\_\_\_

1981-10-02

Date 1/6/01

**NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.**